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FAX TRANSMISSION**DATE:** January 16, 2008**PTO IDENTIFIER:** Application Number 09/870,280-Conf. #7303
Patent Number**Inventor:** Mojdeh SHAKERI et al.**MESSAGE TO:** US Patent and Trademark Office/ MS Amendment**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

KJC/Neslihan I. Doran/cfo

PHONE: (617) 227-7400**Attorney Dkt. #:** MWS-040RCE**PAGES (Including Cover Sheet):** 18**CONTENTS:** Transmittal (1 page)
Fee Transmittal (1 page, in duplicate)
Amendment/Reply (12 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 09/670,260

Attorney Docket No.: MWS-040RCE

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L0389

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Transmittal (1 page)

Fee Transmittal (1 page, in duplicate)

Amendment/Reply (12 pages)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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PTO/SB/21 (01-08)

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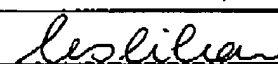
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/870,280-Conf. #7303
	Filing Date	May 30, 2001
	First Named Inventor	Mojdeh SHAKERI
	Art Unit	2121
	Examiner Name	T. H. Stevens
Total Number of Pages in This Submission	Attorney Docket Number	MWS-040RCE

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Neslihan I. Doran		
Date	January 16, 2008	Reg. No.	L0389

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Dated: January 16, 2008

Signature:  (Neslihan I. Doran)

JAN 16 2008

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete If Known Application Number 09/870,280-Conf. #7303 Filing Date May 30, 2001 First Named Inventor Mojdeh SHAKERI Examiner Name T. H. Stevens Art Unit 2121 Attorney Docket No. MWS-040RCE	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 120.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							25
Each independent claim over 3 (including Reissues)							105
Multiple dependent claims							185
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x					
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00

SUBMITTED BY			
Signature	<i>Neslihan</i>	Registration No. (Attorney/Agent)	L0389
Name (Print/Type)	Neslihan I. Doran	Telephone	(817) 227-7400
		Date	January 16, 2008

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Dated: January 16, 2008	Signature: <i>Neslihan</i> (Neslihan I. Doran)

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PTO/SB/17 (10-07)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)		120.00	
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Complete if Known

Application Number	09/870,280-Conf. #7303
Filing Date	May 30, 2001
First Named Inventor	Majdeh SHAKERI
Examiner Name	T. H. Stevens
Art Unit	2121
Attorney Docket No.	MWS-040RCE

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

HP = Highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

HP = Highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00

SUBMITTED BY

Signature	<i>Neslihan</i>	Registration No. (Attorney/Agent)	L0389	Telephone	(617) 227-7400
Name (Print/Type)	Neslihan I. Doran	Date	January 16, 2008		

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Dated: January 16, 2008 Signature: *Neslihan* (Neslihan I. Doran)